

General

Title

Colorectal cancer screening: percentage of patients 50 to 75 years of age who had appropriate screening for colorectal cancer.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients 50 to 75 years of age who had appropriate screening for colorectal cancer.

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, there are both Electronic and Hybrid Specifications. This NQMC measure summary is based on the Electronic specification. Refer to the original measure documentation for details pertaining to the Hybrid specification.

Rationale

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States (U.S.). It places significant economic burden on society; treatment costs over \$6.5 billion per year. Unlike other screening tests that only detect disease, some methods of CRC screening can detect premalignant polyps and guide their removal, which, in theory, can prevent the cancer from developing.

Compelling evidence gathered during the past decade shows that systematic screening can reduce

mortality from CRC. Colorectal screening may also lower mortality by allowing detection of cancer at earlier stages, when treatment is more effective (Kavanagh et al., 1998).

This measure is based on several organizations' clinical guidelines—U.S. Preventive Services Task Force (USPSTF) (2002), American Cancer Society (ACS) (Winawer et al., 1997), and Agency for Healthcare Research and Quality (AHRQ)/American Gastroenterological Association (Smith et al., 2002).

Evidence for Rationale

Kavanagh AM, Giovannucci EL, Fuchs CS, Colditz GA. Screening endoscopy and risk of colorectal cancer in United States men. *Cancer Causes Control*. 1998 Aug;9(4):455-62. [PubMed](#)

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Smith RA, Cokkinides V, von Eschenbach AC, Levin B, Cohen C, Runowicz CD, Sener S, Saslow D, Eyre HJ. American Cancer Society guidelines for the early detection of cancer. *CA Cancer J Clin*. 2002 Jan-Feb;52(1):8-22. [61 references] [PubMed](#)

U.S. Preventive Services Task Force. Screening for colorectal cancer: recommendations and rationale. *Ann Intern Med*. 2002 Jul 16;137(2):129-31. [PubMed](#)

Winawer SJ, Fletcher RH, Miller L, Godlee F, Stolar MH, Mulrow CD, Woolf SH, Glick SN, Ganiats TG, Bond JH, Rosen L, Zapka JG, Olsen SJ, Giardiello FM, Sisk JE, Van Antwerp R, Brown-Davis C, Marciniak DA, Mayer RJ. Colorectal cancer screening: clinical guidelines and rationale [published errata appear in *Gastroenterology* 1997 Mar;112(3):1060 and 1998 Mar;114(3):625]. *Gastroenterology*. 1997 Feb;112(2):594-642. [220 references] [PubMed](#)

Primary Health Components

Colorectal cancer; screening; fecal occult blood test (FOBT); flexible sigmoidoscopy; colonoscopy

Denominator Description

Patients age 51 to 75 years as of December 31 of the measurement year (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

One or more screenings for colorectal cancer. Any of the following meet criteria:

Fecal occult blood test (FOBT) during the measurement year. For electronic data, assume the required number of samples were returned regardless of FOBT type.

Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.

Colonoscopy during the measurement year or the nine years prior to the measurement year.

See the related "Numerator Inclusions/Exclusions" field.

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA) Committee on Performance Measurement and Board of Directors. Once NCQA establishes national benchmarks for accountable care organization (ACO) performance, all measures will undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis. Where applicable, measures also are assessed for construct validity using the Pearson correlation test.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Apr 8. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Accountable Care Organizations

Ambulatory/Office-based Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Multisite Health Care or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age 50 to 75 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

December 31 of the measurement year

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Patients age 51 to 75 years as of December 31 of the measurement year

Exclusions

Either of the following any time during the patient's history through December 31 of the measurement year:

- Colorectal cancer (Colorectal Cancer Value Set)

- Total colectomy (Total Colectomy Value Set)

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase *HEDIS 2015 Technical Specifications for ACO Measurement*, which includes the Value Set Directory.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

One or more screenings for colorectal cancer. Any of the following meet criteria:

- Fecal occult blood test (FOBT) (FOBT Value Set) during the measurement year. For electronic data, assume the required number of samples were returned regardless of FOBT type.

- Flexible sigmoidoscopy (Flexible Sigmoidoscopy Value Set) during the measurement year or the four years prior to the measurement year.

- Colonoscopy (Colonoscopy Value Set) during the measurement year or the nine years prior to the measurement year.

Exclusions

Unspecified

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the

complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase *HEDIS 2015 Technical Specifications for ACO Measurement*, which includes the Value Set Directory.

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Electronic health/medical record

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

The Accountable Care Organization (ACO) aggregate population is reported as a whole, with an option to report Medicaid separately for measures for which HEDIS Health Plan Measurement offers Medicaid specifications.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Colorectal cancer screening (ACOL).

Measure Collection Name

HEDIS 2015: Accountable Care Organization (ACO) Collection

Measure Set Name

Effectiveness of Care

Measure Subset Name

Prevention and Screening

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2014 Dec 23

Core Quality Measures

Accountable Care Organizations (ACOs), Patient Centered Medical Homes (PCMH), and Primary Care

Adaptation

This measure was adapted from the *HEDIS Technical Specifications for Health Plans* ("HEDIS Health Plan Measurement") and *HEDIS Physician Measurement*.

Date of Most Current Version in NQMC

2014 Nov

Measure Maintenance

Annual

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2013 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2012. various p.

The measure developer reaffirmed the currency of this measure in February 2017.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#) .

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on May 1, 2014.

This NQMC summary was updated by ECRI Institute on February 10, 2015.

The information was reaffirmed by the measure developer on February 6, 2017.

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Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

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